FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
FAMILY SAFETY PROGRAM
REVIEW OF SUBSTANCE ABUSE and MENTAL HEALTH SCREENING and ASSESSMENT TOOLS/PROTOCOLS

KEN DECERCHIO

March 2010

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
FAMILY SAFETY PROGRAM
REVIEW OF SUBSTANCE ABUSE and MENTAL HEALTH
SCREENING and ASSESSMENT TOOLS/PROTOCOLS
MARCH 2010

INTRODUCTION

The National Center on Substance Abuse and Child Welfare has developed a work plan in response to Florida's request for technical assistance as part of their Quality Improvement Plan. Florida's technical assistance request included the following two areas:

1. To assist with strengthening policy and improving practice to ensure the safety of children, the NCSACW has been asked to analyze and develop/modify approaches to risk and safety assessment and linkages to supports and services.
2. To facilitate improving the service array and the coordination of physical and behavioral health care for children in out-of home care, the NCSACW will assist in the review of assessments and assessment processes related to family and child factors and the development of efficient processes for early and ongoing identification of needs and supports.

Among the action steps in the NCSACW's work plan is the review of child welfare screening and assessment instruments for substance abuse and mental health for family and child factors. This paper addresses that task and includes analysis and recommendations on those tools.

The Substance Abuse and Mental Health Services Administration, through the National Center on Substance Abuse and Child Welfare (NCSACW), has published a guidebook, *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)* for helping staff respond to families in the child welfare system affected by substance use disorders (See Attachment A). NCSACW developed *SAFERR* in response to frequent requests from managers of child welfare agencies for a "tool" that caseworkers could use to screen parents for potential substance use disorders to make decisions about children's safety. The *SAFERR* guidebook provides a framework for collaborative practice principles among the child welfare, substance abuse, and court systems that can inform decisions about child safety and risk, and improve the way staff from these systems work together to engage and retain families in services, with the goal of improving outcomes for families involved in the child welfare

system. The guidebook includes detailed information on various screening and assessment tools, several of which were used in developing these recommendations. (See Attachments C and D.) NCSACW recommnedations also include adding specific questions to existing tools used by the Family Safety Program. However, our experience is that only through collaborative practice (information sharing, joint case planning with family members, reliable referral processes, access to services, etc.) and communication across the systems working with familes, will workers from the child welfare, substance abuse, and judicial systems have access to the information they need to assist in their decision making, and importantly, to assist families in obtaining the services and supports they need to be successful and care for their children.

RECOMMENDATIONS

As part of the NCSACW work plan for Florida, a NCSACW consultant will visit each of the three Innovation Sites. Among the tasks will be to review their processes for screening and assessment and the collaborative processes being implemented to support screening, assessment, engagement, referral, access to services, retention, and the use of Family Intervention Specialists. It is recommended that the local Memoranda of Understanding, as referenced in the Family Safety Program Child and Family Services Plan 2010-2014, delineate the roles and responsibilities of protective investigators, community-based care providers, and substance abuse and mental health providers in working collaboratively to assist families access community services and supports and improve outcomes for children and families. Content for these Memoranda of Understanding should include at a minimum:

1. Screening, assessment, and referral procedures, including how Family Intervention Specialists are to be used, and the use of drug testing.
2. Initial an ongoing case staffing (e.g.Family Team Conferencing, multi-disciplinary case staffing, etc.)
3. Case management
4. Access to services, including priority populations and timeframes for access to services.
5. Provision of children's services, including substance abuse and mental health treatment services to children, prevention services and developmental screening and early intervention services for substance exposed children.
6. Coordination of child welfare case plans with recovery plans, and criteria for discharge from services and case closure.
7. Information Sharing and confidentiality, including access to Florida Safe Familes Network (SACWIS) for FIS', and standardized progress reports.
8. Staff training
9. Co-location of staff
10. Performance measures and joint system outcomes for children and families (e.g. treatment retention/completion, children able to remain at home, reunification, etc.).

NCSACW is prepared to assist the Innovation Sites with developing these Memoranda of Understanding. It is also essential to recognize that screening and assessment for substance use and mental disorders

are not one time events. An initial screen should be incorporated by child protective investigators when conducting the Initial in-Home Safety assessment. As more information becomes available as the case progresses, screening should also be conducted when the Family Assessment is conducted, as well as during the Unified Home Study. Positive indications of substance use from the case history, direct observations, or a formal screening should result in a referral for an assessment by a qualified professional with specific requirements and protocols in place to communicate across the systems and provider agencies.

A recommended resource for all direct service child welfare workers and their supervisors is *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers.* The guide is available online at www.ncsacw.samhsa.gov/files/UnderstandingSAGuide.pdf (See Attachment B).

The following narrarative is an excerpt from that guide[1].

How can a child welfare worker tell whether or not substance abuse is a factor in abuse or neglect? Every emergency response by a protective services or child welfare worker should consider alcohol or drug involvement as part of the child protective services investigation. If alcohol or drug abuse is indicated, addressing the substance abuse issues should be part of the child welfare case plan. Child welfare workers should use two processes to gather information regarding child safety and future potential risk of harm. These activities should occur during the investigation phase and when working with the family:

- In-home examination for alcohol or drug involvement, and review of the current and past case history, and
- Screening the parent or caretaker for alcohol and drug use or abuse.

In-home examination

By observing the environment and persons in the home, important indicators of alcohol or drug use may become apparent. Check for the following indicators of alcohol and drug involvement as part of every child welfare worker's on-site investigation.[2]

- ✓ A report of substance use is included in the child protective services call or report
- ✓ Paraphernalia is found in the home (syringe kit, pipes, charred spoon, foils, large number of liquor or beer bottles, etc.)
- ✓ The home or the parent may smell of alcohol, marijuana, or other drugs
- ✓ A child reports alcohol and or other drug use by parent(s) or other adults in the home
- ✓ A parent shows or reports experiencing physical effects of addiction or being under the influence, including withdrawal (nausea, euphoria, slowed thinking, hallucinations, or other symptoms)
- ✓ A parent appears to be actively under the influence of alcohol or drugs (slurred speech, inability to mentally focus, physical balance is affected, extremely lethargic or hyperactive, etc.)
- ✓ A parent shows signs of addiction (needle tracks, skin abscesses, burns on inside of lips, etc.)
- ✓ A parent admits to substance use

Screening the parent for alcohol and drug involvement

Alcohol and drug use often are under-recognized as a factor in child welfare cases. Most studies indicate that between one-third and two-thirds of substantiated child abuse and neglect reports involve substance abuse, and that nationally, at least 50% of substantiated cases of child abuse and neglect involve parental substance abuse.[3] Best practices dictate that child welfare workers should always ask parents and adult caretakers about their substance use to screen for alcohol and drug abuse. Substance abuse screening alone is never diagnostic, but screening can indicate whether a comprehensive assessment or evaluation is needed.

Screens should be brief and should include questions about unintended use and/or desire to end use, as well as some question regarding consequences of use or concerns about such consequences. These are quick screens that should be used in conjunction with other information and observations. One example is the UNCOPE. This is currently being used by child welfare workers in Maine and Oklahoma has recently implemented the UNCOPE in several areas of the state. The UNCOPE has six questions that can be worked into the interview process to assist with the identification of a possible substance abuse problem. Two or more positive responses would indicate the need for an assessment by a qualified professional. The UNCOPE can be obtained from Evince Clinical Assessments at http://www.evinceassessment.com (See Attachment C).

Who should be screened?

It may be obvious to a child welfare worker that all adults in the household should be screened. In addition, other individuals connected to the case also should be

screened. Substance abuse is an intergenerational disease; other family members may have alcohol or drug involvement. Also, there may be family members who are in recovery, who may provide support to a family member with a substance use disorder. For example, if a child is placed with relatives, the kinship care provider(s) should be screened for the child's safety. The child welfare worker should look for and screen a child's other caregivers and any nontraditional or extended "family" caregivers, including caregivers not formally identified as family members. Older children in the home, including pre-teens, should be asked about their own alcohol or drug use. If the answer indicates use, the child or teen should receive a comprehensive assessment by a qualified professional. Youth who have been abused or neglected are at greater risk of developing an alcohol or drug problem. For families involved with the child welfare system, alcohol and drug experimentation by family members (including children) or others in the household calls for screening early intervention. (end of excerpt from Attachment B)

Drug Testing

Drug testing (also referred to as drug screens) is one tool that child welfare workers often use to facilitate decision-making with families suspected or known to use substances. Drug testing refers to the use of various biologic sources such as urine, saliva, sweat, hair, breath, blood and meconium to determine the presence of specific substances and/or their metabolites in an individual's system. Child welfare workers use test results to make informed decisions regarding child removal, family support services, family reunification, or termination of parental rights.

A drug test alone cannot determine the existence or absence of a substance use disorder. In addition, drug tests do not provide sufficient information for substantiating allegations of child abuse or neglect or for making decisions about the disposition of a case (including decisions regarding child removal, family reunification, or termination of parental rights). Child welfare workers, judges, and attorneys must make these decisions using information from the child abuse investigation, child safety and risk assessments, family assessments, and a comprehensive substance abuse assessment. It is helpful for these practitioners and policymakers to establish partnerships with their local substance abuse treatment agencies, who can assist in the decision making that is critical to successful development and implementation of drug testing policies.

The Substance Abuse and Mental Health Services Administration will soon be publishing a new monograph on this subject, *Drug Testing in Child Welfare: Policy and Practice Considerations.* This paper examines the uses of drug testing in child welfare settings and how to incorporate drug testing in child welfare casework.

Screening for Infant Exposure to Substances

Each year, an estimated 500,000 infants are prenatally exposed to alcohol or illicit substances, or approximately 10 percent of all live births. The number of prenatally exposed 0-18 olds approaches 9,000,000. There are several opportunities to screen women who are either pregnant or have given birth for their use of substances during pregnancy. This can be doing by discussing a parent's or caregiver's use during pregnancy, reviewing health records for evidence of an infant born with a positive toxicology screen, or prior child abuse involving an infant's exposure to drugs. The Child Abuse Prevention and Treatment Act (CAPTA) legislation in 2003 requires state child welfare agencies to have a system in place for health care providers to notify child protective services when an infant is affected by

illegal substance abuse or has experienced withdrawal from prenatal drug exposure and to have a plan for the safe care of the infant.

Considering that 80-95 percent of these children go undetected at birth, the child protective investigator or caseworker is in a unique position to identify children who may have been prenatally exposed and refer those children to the Early Steps program in the Department of Health, Head Start, or other developmental assessment and early intervention services that may be available in a local community. Any child who has been screened for positive exposure to alcohol or illegal substances during their mother's pregnancy should be considered for referral for a developmental assessment.

Assessment

If the result of the home examination, case history, interviews, or screening indicates that substance use or mental illness may be a factor in the case, the parent/caregiver or child should be referred for an assessment by a qualified professional in accordance with established operating procedures and local protocols. An investigator or case worker may not have the results of assessments from substance abuse or mental health professionals at the time of the investigation or initial family assessment. However, it is important to have a system so that updates to the various child welfare assessments with information received from other professionals are conducted as the results of formal assessments are provided. Child welfare assessments will be enhanced with a collaborative process that assures timely information sharing, in accordance with confidentiality provisions, among the various systems serving the family. Involving these professionals in case staffing will strengthen the child welfare assessments and the case planning process as well as help assure a coordinated team approach in working with families and improve the likelihood that parents will be successful with their case plan.

Substance Abuse Specialists

One collaborative strategy being utilized in Florida and numerous sites across the country is the use of substance abuse specialists who are embedded in child welfare offices, family drug courts or dependency courts. Soon to be released by the Substance Abuse and Mental Health Services Administration is a paper entitled, *Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts Considerations for Program Designers and Evaluators.* The paper describes the various components of substance abuse specialists models, and includes a review of eight sites from across the country that place substance abuse specialists in child welfare offices or dependency courts.

In Florida, Family Intervention Specialists (FIS) have been utilized for almost ten years to assist child welfare staff to screen and assess families for substance use disorders. As of January 2009, 85 FIS' were contracted to substance abuse provider agencies providing services in all but five counties in Florida.[iv] In addition to providing initial screening and assessments, FIS also assist families with accessing treatment services and providing support early in the treatment process. While there are different approaches throughout the state for how Family Intervention Specialists are used (investigations, early intervention services, alternative response, etc.), the use of Family Intervention Specialists focus on more timely assessments and access to treatment services, improved retention in treatment services, more children remaining at home, or improvements in timely reunification or alternative permanency decisions. FIS

provide a functional linkage and support for child welfare staff and families across these systems. Family Intervention Specialists should be a formal member of the team for families with substance use disorders, and participate in initial case staffing, multi-discplinary case staffing, and on-going case review.

Review of Florida Instruments/Tools

Family Assessment Instrument

Applicable Elements from Instrument

Well Being:

- Child demonstrates coping and problem solving skills, resiliency, and sense of identity
- Child demonstrates developmentally appropriate mental/behavioral health functioning

Vulnerability/behavior factor (child):

- Child is free of substance use, and/or exposure (including in utero)
- Child displays behaviors or conditions that may be indicative of a need for specialized assessment or treatment: (behaviors pulled from FA mod)

Functioning/Behavioral Health Factors (adult):

- 1. Individual is free from any behavioral/mental health issues that may impact the family, ability to parent or protective capacities
- 2. Manages own behavioral/mental health maintenance and treatment, consistent with identified needs
- 3. Individual is free from any substance abuse issues that may impact the family

Recommendations

Adopt the use a standardized substance abuse screening tool such as the UNCOPE for Adults and the CRAFFT for youth. (See attachments C and D.)

Recommend developing a guide for completing the Family Assessment (similar to In-Home Safety Assessment Guidelines) that incorporates the following recommendations being made by the NCSACW, as well as the prompts (questions, things to look for, success factors, and concerns) in several domains (safety, parenting, mental health, substance abuse, etc.) developed by the design team for the Services Integration Curriculum currently being piloted. The guide should include the following:

The most important questions for the child protective investigator to answer are:

1. Does drinking, use of other substances, or mental illness or distress affect the parent's or caregiver's ability to make sound judgments regarding the welfare of the child?
2. What behaviors are resulting or have resulted from the parent's or caregiver's substance use or mental illness that may put the child at risk?
3. What behaviors or actions have been taken by the parent/caregiver to manage issues related to substance use and/or mental illness?

Review case history for evidence of prenatal exposure to substances, positive toxicology reports at birth.

Ask Parent:

1. Did you continue to smoke, drink or use drugs while you were pregnant? Can you recall how often?

For Pregnant Women Ask:

2. In the month before you knew you were pregnant, how many beers/ how much wine/how much liquor did you drink?
3. In the month before you knew you were pregnant, how many cigarettes did you smoke?
4. In the month before you knew you were pregnant, how many times did you use any drugs that weren't prescribed for you?

Parental Reunification Readiness Assessment

Applicable Elements from Instrument

- Parental Readiness, Item 8: Parent states that s/he is free of substance or chemical dependency; explain any substance abuse history, including treatment received (explanation not needed for parent, if already known)
- Item 9: Parent has a history of mental illness and/or mental illness in the family; explain any mental health history, including treatment received (explanation not needed for parent if already known)
- Case Plan Summary: Ongoing Services/UAs/Safety Plan/Comments.

Recommendations

Prompt questions for Item 8:

1. Does the parent have a plan for responding to lapses or relapse? If so, does it include providing for the safety of the children (child)?
2. What are the results of any drug tests in the last 90 days?

Prompt questions for completing Case Plan Summary for substance abuse, in addition to summarizing case plan status. Inquire:

1. If the parent/caregiver is participating in recovery support services, either through self-help groups, church, family support or other community supports that the parent/caregiver regularly attends.
2. How long has the parent/caregiver been in recovery, or at least not using substances?
3. Have they had any relapses since completing treatment? If so, how did they respond to the relapse?
4. If the parent/caregiver has any concern about managing their recovery and caring for their child (ren).

Recommend changing the reference to "UAs to "Drug Screens," as current practice includes the use of saliva testing.

Prompt questions for completing Case Plan Summary for mental health, in addition to summarizing case plan status. Inquire if:

1. Parent/caregiver is following through with physician medication recommendations.
2. Parent/caregiver is continuing with support services or other treatment as may have been recommended.
3. There have been any recent hospitalizations.
4. Parent/caregiver expresses any concerns about managing their recovery and caring for their child (ren)

5. Parent has a safety plan for the child(ren) if their symptoms begin to interfere with caring for their child(ren)

Unified Home Study

Applicable Elements from Instrument

Section III, Family Assessment, Caregiver History: Discuss experience with substance abuse
Section 5, Question 9. "Do you have a life free of substance or chemical dependency?
Section 5, Question 10. "Do you have a history of mental illness? Are you currently a client of a mental health provider or clinic?"

R**ecommendations**

Modify Section III Family Assessment, Caregiver History to: Discuss experience with substance use, including alcohol, prescription drugs, and illicit substances.
Adopt a standardized screening tool such as the UNCOPE for parents/caregivers in order to answer Section 5, Question 9 and Home Study Family Assessment question.
Adopt the CRAFFT screening tool for youth age 13 or older to answer questions for adolescents in the home.

Add to question 10. "Have you had any counseling or treatment in the past, including any hospitalizations related to emotional issues or mental illness?
Update the Home Study Family Assessment Questions with prompts (questions, things to look for, success factors, and concerns) in several domains (safety, parenting, mental health, substance abuse, etc.) developed by the design team for the Services Integration Curriculum currently being piloted.

Initial In-Home Safety Assessment

Applicable Elements from Instrument

Item 2. There are household environmental hazards AND the child may be in immediate harm as a result.
Example: Home frequently used for the manufacture, sale, distribution or consumption of drugs, which may or may not actually include drugs, paraphernalia or weapons within reach of the children

Item 9. The parent or caregiver(s)' apparent mental, physical or developmental condition, or drug or alcohol use affects ability to adequately care for the child (ren). Example:

1.The parent or caregiver has a known mental health diagnosis and is non-compliant with recommended treatment and/or prescribed medication
2. Parent or caregiver (upon contact) displays symptoms or behavior of untreated mental illness or active drug or alcohol intoxication, i.e. psychotic, manic or depressive, glazed or "high" appearance, "tripping", "tweaking", "smurfing" or picking at "meth bugs", etc.
3. Parent or caregiver may show physical symptoms of recent drug or alcohol withdrawal, such as shaking (the "DTs") or lethargy

("crashing"), etc.

4. The parent or caregiver has an alcohol or drug use pattern which impairs their judgment and the care they provide or are able to provide to the child (ren), i.e. physically or sexually abusive, neglectful, lack of supervision, etc.

Item 31. The parent or caregiver(s) has demonstrated a willingness and ability to follow through with current or prior actions, referrals and/or services.

Recommendations

The Integration of Services Training Series instructs the CPI to be the trained eye, to suspect and check, not making a determination of substance abuse or diagnosis. Using the term "addiction" in Item 4 implies a diagnosis and implies a high threshold for level of impairment. Recommend the use of a standardized substance abuse screening tool such as the UNCOPE within the safety assessment.

Add to Item 2 example: Signs that could signal the presence of a methamphetamine lab include:

- Unusual strong odors (like cat urine, ether, ammonia, acetone, or other chemicals) coming from the residence, sheds, or other structures.
- Possession of unusual materials, such as large amounts of over-the-counter allergy/cold/diet medications(e.g. ephedrine or pseudoephedrine), or large quantities of solvents (e.g. acetone, Coleman fuel, or toluene)
- Discarded items such as ephedrine bottles, coffee filters with oddly colored stains, lithium batteries, antifreeze containers, lantern fuel cans, and propane tanks
- The mixing of unusual chemicals in house, garage, or barn, or the possession of chemical glassware by persons not involved in the chemical industry
- Residences with window fans operating in cold weather or blacked out windows.[5]

In the context of Item 9, the most important questions for the child protective investigator to answer are:

1. Does drinking, the use of other substances, or mental illness or distress affects the parent's or caregiver's ability to make sound judgments regarding the welfare of the child?
2. What behaviors are resulting or have resulted from the parent's or caregiver's substance use or mental illness that may put the child at risk?
3. What behaviors or actions has the parent/caregiver taken to manage issues related to substance use or mental illness and provide for the safety of their child (ren)?

Add to Item 9 example: The parent or caregiver has been hospitalized within the past 12 months for depression or other symptoms of mental distress or illness.

Add to Item 9, Example 2: The parent or caregiver

1. Expresses feelings of hopelessness or of being overwhelmed.
2. Reports sleeping all day, or difficulty getting out of bed
3. Reports being up all night on a regular basis.
4. Appears challenged with caring for self, unable to get out of bed and perform daily activities.

Expand Example 2 to include: slurred speech, inability to mentally focus, physical balance is affected, extremely lethargic or hyperactive. Parent or caregiver shows signs of needle marks, skin abscesses, burns on lips or fingers.

Expand Example 3 to include: nausea, euphoria, slowed thinking, hallucinations.

Modify example 4:
The parent or caregiver 's judgment and ability to care for their child(ren) is impaired by their use of alcohol or other drugs, including the use of prescription medications, to the extent that the child is at immediate or imminent risk, i.e…..add driving while intoxicated.

Add another example: Prior reports of maltreatment involving alcohol or other drugs, or giving birth to a substance-exposed newborn. No documentation of having completed substance abuse treatment or participating in recovery support services to address substance abuse issues.

Comprehensive Behavioral Health Assessment

Applicable Elements from Guidelines
For children 0-5: history of mental health treatment of parents and child's siblings. The mother's history, including a depression screen, is important in developing this section.
For adults: History of current or past alcohol or chemical dependency of parents and child

Recommendations
Determine if child (ren) were exposed prenatally to tobacco, alcohol, or other substances.
Consider the use of standardized instruments to assess parental strengths and parenting skills such as the North Carolina Family Assessment Scale.

Independent Living Transitional Services Critical Checklist

Applicable Elements
Youth 18-22. Section 2 Housing. Type of placement at 18th birthday. Current Housing/Living Arrangement

Recommendations

Add residential substance abuse treatment as a placement option at 18th birthday.
Add residential substance abuse treatment as a placement option to Section 2, Housing, of Case Worker Survey for ages 13 through 17.

Screening for Child Risk by Substance Abuse Providers

Applicable Elements
Substance Abuse Intake and/or assessment

Recommendations
Embed the following questions in substance abuse providers' intake procedures or assessment, regardless of whether the family is currently involved in the child welfare system.

- What are the ages of your children?
- Where are your children at the times you use alcohol or drugs?
- Have you ever worried that you would not be able to take care of your children while you were using alcohol or drugs?
- Has anyone ever told you they were worried about how you could take care of your children because of your drug or alcohol use?
- Have you ever had trouble getting your children food, clothes, to school, or a place to live because you were using?
- Have you ever had parental rights terminated for any children?
- Has anyone ever reported you to the child welfare system in the past?
- Are there any other agencies involved with your family because of concerns about your children?

RESOURCES:

Center for Substance Abuse Treatment. *Drug Testing in Child Welfare: Practice and Policy Considerations.* HHS Pub. No. (SMA) XX-XXXX. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010.

Center for Substance Abuse Treatment. *Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts Considerations for Program Designers and Evaluators.* HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010.

Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. DHHS Pub. No. (SMA) 07-4261. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007.

Breshears, E.M., Yeh, S. & Young, N.K. *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers.* U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.

Copeland, M.E. *Recovering Your Mental Health: A Self-Help Guide.* DHHS Publication No. SMA-3504. U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2001.

ENDNOTES:

[1] Breshears, E.M., Yeh, S. & Young, N.K. *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers.* U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.

[2] Young, N.K. and Gardner, S.L. (2002). *Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare.* SAMHSA Publication No. SMA-02-3639. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, p. 132.

[3] Young, N.K., Boles, S.M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlaps, gaps, and opportunities. *Child Maltreatment, 12(2), 137-149.*

[4]Florida Department of Children and Families. *Florida Guidelines for Substance Abuse Family Intervention Specialists.* March 2009.

[5] Koch Crime Institute. (2004). *Manufacturing of methamphetamine*. Retrieved April 17, 2006 from http://www.kci.org/meth_info/making_meth.htm

Attachment A

National Center on Substance Abuse and Child Welfare

Bringing Systems Together for Family Recovery, Safety, and Stability

Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)

- Presents the SAFERR model for helping staff of public and private agencies respond to families affected by substance use disorders
- Provides screening and assessment tools to help caseworkers make sound, timely decisions about the safety of children
- Includes guidelines for communication and collaboration across the systems responsible for helping families

Download SAFERR or Order Free Copies

Download a PDF copy from http://www.ncsacw.samhsa.gov/files/SAFERR.pdf

Order printed copies from:

- National Clearinghouse for Alcohol and Drug Information
  - Call 800-729-6686 and ask for SAFERR, SMA 07-4261, or
  - Order online at http://ncadistore.samhsa.gov/catalog - click on 'Quick Find & Order' and type 'Screening' in the 'Title' box
- Child Welfare Information Gateway
  - Call 800-394-3366 and ask for SAFERR, SMA 07-4261, or
  - Order online at http://www.childwelfare.gov - click on 'Online Catalog,' select 'Title Index,' and click on 'S'

Publication Number SMA 07-4261

National Center on Substance Abuse and Child Welfare
714.505.3525 • 714.505.3626 fax
www.ncsacw.samhsa.gov • ncsacw@cffutures.org

A service of the Substance Abuse and Mental Health Services Administration (SAMHSA),
Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF)
Children's Bureau, Office on Child Abuse and Neglect (OCAN).

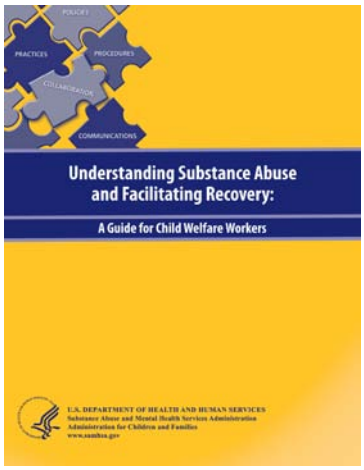
Attachment B

National Center on Substance Abuse and Child Welfare

Bringing Systems Together for Family Recovery, Safety, and Stability

Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers

- Discusses the relationship of alcohol and drugs to families in the child welfare system
- Provides information on the biological, psychological, and social processes of alcohol and drug addiction to help staff recognize when substance abuse is a risk factor in their cases
- Describes strategies to facilitate and support alcohol and drug treatment and recovery



Available Online

View or download *Understanding Substance Abuse and Facilitating Recovery* at the NCSACW website:

www.ncsacw.samhsa.gov/files/UnderstandingSAGuide.pdf

Order Free Copies

You may order printed copies of *Understanding Substance Abuse and Facilitating Recovery* from:

- National Clearinghouse for Alcohol and Drug Information
  Call 800-729-6686, or online at http://ncadistore.samhsa.gov/catalog
  Select 'Quick Find and Order,' inventory number SMA05-3981
  (Previous edition: PHD1092. Publication reprinted as: SMA05-3981)

- Child Welfare Information Gateway
  Call 800-394-3366, or online at http://www.childwelfare.gov
  Click on 'Online Catalog,' select 'Title Index,' and click on 'U'

National Center on Substance Abuse and Child Welfare
714.505.3525 • 714.505.3626 fax
www.ncsacw.samhsa.gov • ncsacw@cffutures.org

A service of the Substance Abuse and Mental Health Services Administration (SAMHSA),
Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF)
Children's Bureau, Office on Child Abuse and Neglect (OCAN).

Attachment C

UNCOPE

The UNCOPE is a six-item screen designed to identify alcohol and/or drug abuse or dependence in a broad range of populations. The UNCOPE items identify indications of abuse or dependence based on part of the *DSM-IV* diagnostic criteria for substance use disorder. Two items cover abuse, and two cover *DSM-IV* abuse criteria. The instrument was originally developed to identify substance dependence in women and older individuals. This screen can be used with adults and adolescents as young as age 13.

Administrative Issues

- Six items
- Can be embedded in a paper-and-pencil self-administered
- Questionnaire or orally administered by an interviewer
- Time required: less than 2 minutes
- No training required for administration

Scoring

- Time required: less than 1 minute
- Two or more positive responses indicate possible abuse or dependence and need for further assessment; three or more items are often used as the best cut-score for dependence.
- Scored by interviewer
- No computerized scoring or interpretation available
- Norms available for clinical and correctional populations

Clinical Utility

The UNCOPE can provide reasonable indications of risk for abuse and dependence for both alcohol and other drugs. Like the other screens, the greater the number of positive responses, the greater the probability that the individual will meet criteria for dependence.

Copyright/Cost/ Source

- Not copyrighted
- None (attribution requested)

Evince Clinical Assessment

P.O. Box 17305
Smithfield, RI 02917
Phone: 800-755-6209; 401-231-1993
Downloadable as a .pdf file from the Web site:
www.evinceassessment.com

Scoring: Two or more positive responses indicate possible abuse or dependence and need for further assessment. Answering "no" to all questions on the UNCOPE does not rule out the possibility of an alcohol or drug-related problem.

UNCOPE

U – Have you continued to use alcohol or drugs longer than you intended? Or, Have you spent more time drinking or using than you intended?

N – Have you ever neglected some of your usual responsibilities because of alcohol or drug use?

C – Have you ever wanted to stop using alcohol or drugs but couldn't? (cut down)

O – Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

P – Have you ever found yourself preoccupied with wanting to use alcohol or drugs? Or, Have you frequently found yourself thinking about a drink or getting high?

E – Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

Source: Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. DHHS Pub. No. (SMA) 07-4261. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007.

Attachment D

CRAFFT

The CRAFFT is a six-item screen for both alcohol and drug use among adolescents. This screen focuses more on risky drinking than on diagnostic issues and does not discriminate between risky drinking, abuse, and dependence.

Administrative Issues

- Six items, "yes/no" answers
- Paper-and-pencil self-administered or orally administered
- Scored by tester
- No computerized scoring or interpretation available
- Norms unavailable

Scoring

- Time required: less than 1 minute
- Two or more "yes" answers indicate need for further assessment
- Scored by tester
- No computerized scoring or interpretation available

Clinical Utility

The CRAFFT, a relatively new instrument (2002), screens for both alcohol and drug problems but focuses more on risky drinking than on diagnosing abuse or dependence. Only three of the six items are related to the DSM-IV diagnostic criteria for substance use disorders. One of six items ("Have you ever ridden in a car driven by someone (including yourself) who was "high" or who was using alcohol or drugs?") has potential for increasing positive responses and lowering specificity.

Copyright/Cost/Source

No cost, but approval for copies must be obtained from the Center for Adolescent Substance Abuse Research (CeASAR), Children's Hospital Boston
www.CeASAR-Boston.org

Scoring: Two or more positive responses indicate possible abuse or dependence and need for further assessment. Answering "no" to all questions on the CRAFFT does not rule out the possibility of an alcohol or drug-related problem.

CRAFFT

C – Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R – Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

A – Do you ever use alcohol/drugs while you are by yourself, alone?

F– Do you ever forget things you did while using alcohol/drugs?

F –Do your family or friends ever tell you that you should cut down on your drinking or drug use?

T – Have you gotten into trouble while you were using alcohol or drugs?

Source: Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. DHHS Pub. No. (SMA) 07-4261. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007.